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05-03-2006 90027044 ****50.00

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
Nov 08, 2006 8:00 A.M.
Secretary of State

| | | | | | |
|--|---|--|--|---|--|
| DOCUMENT # L05000089226 | | | |  | |
| 1. Entity Name CHARLES LOONEY'S TREE TRIMMING AND LAWN CARE LLC | | | | | |
| Principal Place of Business 766 WILCOX CROSSING ROAD BONIFAY, FL 32425 | | | Mailing Address 766 WILCOX CROSSING ROAD BONIFAY, FL 32425 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number 32-0158350 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LOONEY, CHARLES M 766 WILCOX CROSSING ROAD BONIFAY, FL 32425 | | | | 7. Name and Address of New Registered Agent | |
| | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LOONEY, CHARLES M 766 WILCOX CROSSING ROAD BONIFAY, FL 32425 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: <i>Patricia L. Loney, P.A.</i> | | | Date: <i>5-1-06</i> | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |

REINSTATEMENT*11-01-06*
Elbert

ATTACHMENT

60035207

#L05000089226

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DURABLE POWER of ATTORNEY

Know All Men By These Presents, that I, Charles Looney, have constituted and appointed, Patricia Looney, my Mother, as my true and lawful attorney, for me and in my name to transact, and perform for me in my place the following: Executor of my entire estate and possessions. Also any legal, accounting, Tax and Business Matters. Also any Banking Transactions. Also any child support issues.

(Specify powers conveyed)

I Hereby Authorize my said attorney to bind me thereby in as full and ample a manner as I myself could do, were I personally present, signing the same and affixing my seal to all and every kind of instrument which will perfect the aforementioned acts he or she may think in any wise necessary or proper. This durable power of attorney shall not be affected by disability of the principal except as provided by statute exercisable from this day, and shall have the same affect, and inure to the benefit of, and bind the principal or his heirs, devisees, and personal representatives, as if the principal were competent and not disabled, unless otherwise revoked, until judged incompetent or death.

Signed in the presence of:

Charles Looney
(Principal)

[Signature]
(Witness)

[Signature]
(Witness)

State of Florida }

County of Holmes }

Before me, the undersigned authority, this day personally appeared CHARLES LOONEY, who is personally known to me or has produced valid identification, first being duly sworn or attests that he is the principal executing the foregoing Specific Power of Attorney, and acknowledges PATRICIA LOONEY, as the within power of attorney in my place and stead.

Sworn To and Subscribed To
before me this 15 day of FEBRUARY, 2008.
My Commission Expires: _____

[Signature]
(Notary Public)



Carroll Lerner
Commission #DD289664
Expires: Feb 10, 2008
Bonded Thru
Atlantic Bonding Co., Inc.